

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
121 South Fruit Street, Suite 102, Concord, N.H. 03301-2412

PETER DANLES
Executive Director

Board of Nursing 603-271-2323
Nursing Assistant 603-271-6282



JOE SHOEMAKER
Division Director

Fax 603-271-6605
www.oplc.nh.gov/nursing

NH Board of Nursing
Application for Faculty Approval
Board Approved Education Programs

1. Applicant Name: _____
2. Applicant Address: _____
3. Nursing Program Name: _____
 - a. Program Address: _____
 - b. Phone Number: _____
 - c. Fax Number: _____
 - d. Program Contact E-mail Address: _____
4. Applicant License Type:
_____ RN _____ LPN
5. Applicant License/Registration Number: _____
6. Expiration Date: _____
7. Date of Birth: _____
8. Check the type of educational program for which faculty approval is being requested. If you are requesting more than one type of faculty approval, please complete a separate faculty approval form for each request:
_____ Registered Nurse Education Program _____ Licensed Nursing Assistant Program
_____ Licensed Practical Nurse Education Program _____ Medication Nursing Assistant Program
_____ Licensed Practical Nurse IV Therapy _____ Paid Feeding Assistant Program
_____ Re-entry _____ NA Program Train the Trainer
_____ LNA-Medication Certification Program
9. Indicate what type of faculty approval you are requesting:
 - a. _____ RN-BS: Director
 - b. _____ RN-BS: Educator
 - c. _____ RN-AD: Director
 - d. _____ RN-AD: Educator
 - e. _____ LPN: Director
 - f. _____ LPN: Educator
 - g. _____ LNA-Medication Certification instructor
 - h. _____ LPN-IV: Coordinator
 - i. _____ RN/LPN Re-Entry: Coordinator
 - j. _____ RN/LPN Re-Entry: Instructor
 - k. _____ NA: Program Coordinator
 - l. _____ NA: Program Instructor
 - m. _____ MNA: Program Reviewer
 - n. _____ MNA: Program Instructor
 - o. _____ Paid Feeding Assistant: Instructor
 - p. _____ NA: Train the Trainer Instructor/Coordinator

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10. Employment Status

Part time: permanent position of less than 40 hours per week with prorated benefits.

Per Diem/Adjunct: limited position with no attached benefits.

_____ Full Time _____ Part Time _____ per Diem _____ Adjunct

11. Clinical Specialty Area (Check all areas in which you have clinical experience and are requesting approval.)

_____ Adult _____ Pediatrics _____ Maternal/Child
_____ OB/GYN/Women's Health _____ Gerontology _____ Medical/Surgical
_____ Mental Health _____ Community _____ Trauma
_____ Oncology

12. Basic Nursing Education:

a. Name of program: _____ City: _____ State: _____
Graduation Date: _____

b. Name of program: _____ City: _____ State: _____
Graduation Date: _____

13. Graduate Nursing Education:

c. Name of program: _____ City: _____ State: _____
Graduation Date: _____

d. Name of program: _____ City: _____ State: _____
Graduation Date: _____

14. RN and LPN Education Program Faculty: Please be sure to attach a copy of the final college transcript and a resume documenting compliance with NUR 602.05 and 602.07(a), (b) or (c).

15. Nursing Assistant Education Program Faculty: Please attach a copy of current resume including employment experience and length of employment documenting compliance with NUR 704.04 and 704.06.

Transcript NOT required for other education program faculty requests.

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16. Describe how you meet the experience requirements for the faculty approval that you are requesting.
Please submit a copy of resume with this application.

17. Applicant Signature: _____ Date: _____

18. Program Official Signature: _____ Date: _____

Board of Nursing Approval: _____ Date: _____

Temporary Board Approval: _____ Exp Date: _____ Date: _____